| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF OHIO | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: | Identify Yourself | | |
|-----|---|--|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | your pictu exar licer Brin- iden | e the name that is on a government-issued ure identification (for mple, your driver's ase or passport). g your picture tification to your thing with the trustee. | Jennifer First name J Middle name Flinn Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | use Inclu | other names you have d in the last 8 years ude your married or den names. | | |
| 3. | you num Indi | y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number | xxx-xx-9480 | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | 854 Storer Ave | If Debtor 2 lives at a different address: | | | |
| | | Akron, OH 44320 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Summit | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

| Del | otor 1 Jennifer J Flinn | | | | Case number (if known) | |
|--|---|-------------------|---|---|---|---|
| | | | | | | |
| Par | t 2: Tell the Court About | Your Bankrupt | cy Case | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | of each, see Notice Required by f page 1 and check the appropriate | 11 U.S.C. § 342(b) for Individuals Filing e box. | for Bankruptcy |
| | choosing to file under | Chapter 7 | | | | |
| | | ☐ Chapter 1 | 1 | | | |
| | | ☐ Chapter 12 | 2 | | | |
| | | ☐ Chapter 13 | 3 | | | |
| | | | | | | |
| 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in about how you may pay. Typically, if you are paying the fee yourself, you may pay with order. If your attorney is submitting your payment on your behalf, your attorney may pa a pre-printed address. | | | | urself, you may pay with cash, cashier's | check, or money | |
| | | | | tallments. If you choose this optices (Official Form 103A). | on, sign and attach the Application for Inc | dividuals to Pay |
| | | but is no applies | ot required to, waive y to your family size ar | your fee, and may do so only if yond you are unable to pay the fee in | n only if you are filing for Chapter 7. By la ur income is less than 150% of the offici n installments). If you choose this option, sial Form 103B) and file it with your petiti | al poverty line that you must fill out |
| 9. | Have you filed for | ■ No. | | | | |
| | bankruptcy within the last 8 years? | ☐ Yes. | | | | |
| | , | | strict | When | Case number | |
| | | | strict | When | Case number | |
| | | | strict | When | Case number | |
| 10 | Are any bankruptcy | _ | | | | |
| 10. | cases pending or being | ■ No | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | |
| | | De | ebtor | | Relationship to you | |
| | | Dis | strict | When | Case number, if known | |
| | | De | ebtor | | Relationship to you | |
| | | Dis | strict | When | Case number, if known | |
| 11. | Do you rent your | ■ No. G | So to line 12. | | | |
| | residence? | | las your landlord obta | ained an eviction judgment agains | t you? | |

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

| 2. Are you a sole proprietor of any tull: or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Check the appropriate box to describe your business debtor so that it can set. Check the appropriate box to describe you are a small business debtor you most recent balance sheet. so describe you indicate that you are a small business debtor, you must attach your most recent balance sheet. so describe you indicate that you are a small business debtor you are a small business debt | | Case number (if known) | | | tor 1 Jennifer J Flinn | | |
|--|--------------|--|--|------------------------|---|--|--|
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, portnership, or LC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. A reyou filing under Chapter 11 of the Bankruptoy Code and are you a small business debtor? For a definition of small business debtor? For a definition of small business debtor? For a definition of small business debtor see 11 U.S.C. § 101(51D). I am not filing under Chapter 11. I you are liming under Chapter 11. I am not filing under Chapter 11. No. I am not filing under Chapter 11. I am not filing under Chapter 11. No. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptey Code and are you as mall business debtor according to the definition in the Bankruptey Code and are you as mall business debtor according to the definition in the Bankruptey Code and are you as mall business debtor according to the definition in the Bankruptey Code and are you as mall business debtor according to the definition in the Bankruptey Code and are you as mall business debtor according to the definition in the Bankruptey Code and are you as mall business debtor according to the definition in the Bankruptey Code and the property that poses or is alleged to pose a threat of imminent area. What is the hazard? If immediate attention? For example, 6, 0you own parkshable goods, or illustrating that needs immediate attention? For example, 6, 0you own parkshable goods, or illustrating that needs. Where is the property? | | etor | Own as a Sole Proprie | sinesses Y | 3: Report About Any Bu | | |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Number, Street, City, State & ZIP Code | | | <u> </u> | _ | Are you a sole proprietor of any full- or part-time | | |
| business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) None of the above deadlines. If you indicate that you are a small business debtor so that it can set, deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, separations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the in 11 U.S.C. § 101(61D). No. I am filling under Chapter 11. but I am NOT a small business debtor according to the definition in the Endocate of Imminent and identifiable hazard to public health or safety? Or do you own any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs Where is the property? or any Property? Where is the proper | | usiness | Name and location of bus | ☐ Yes. | | | |
| If you have more than one sole proprietorship, use a separates sheet and attach it to this petition. Number, Street, City, State & ZIP Code | _ | y | Name of business, if any | | business you operate as an individual, and is not a separate legal entity such as a corporation, | | |
| Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(53A)) Stockbroker (as defined in 11 U.S.C. § 101(63A)) Commodity Broker (as defined in 11 U.S.C. § 101(66)) None of the above If you are filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor. See 11 U.S.C. § 101(61) For a definition of small business debtor, see 11 U.S.C. § 101(51D). I am not filing under Chapter 11. I am not filing under Chapter 11. No. I am filing under Chapter 11. No. I am filing under Chapter 11. No. I am filing under Chapter 11. but I am NOT a small business debtor according to the definition in the Bankruptch of the definition of small business debtor according to the definition in the Bankruptch of the definition of small business debtor according to the definition in the Bankruptch of the definition in | _ | ate & ZIP Code | Number, Street, City, Sta | | If you have more than one sole proprietorship, use a | | |
| Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above None of the above deadlines. If you indicate that you are a small business debtor so that it can set a deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, so operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the int 11 U.S.C. § 101(51D). No. I am not filing under Chapter 11. I am not filing under Chapter 11. I am filing under Chapter 11. I am filing under Chapter 11. I am filing under Chapter 11. No. I am filing under Chapter 11. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankr and I am a small business debtor according to the definition in the Bankr and I am a small business debtor according to the definition in the Bankr and I am a small business debtor according to the definition in the Bankr and I am a small business debtor according to the definition in the Bankr and I am a small business debtor according to the definition in the Bankr and I am a small business debtor according to the definition in the Bankr and I am a small business debtor according to the definition in the Bankr and I am a small business debtor according to the definition in the Bankr and I am a small business debtor according to the definition in the Bankr and I am a small business debtor according to the definition in the Bankr and I am a small business debtor according to the definition in the Bankr and I am a small business debtor according to the definition in the Bankr and I am a small business debtor according to the definition in the Bankr and I am a small business debtor according to the definition in the Bankr and I am a small business debtor according to the definition in the Bankr and I | | pox to describe your business: | | | | | |
| Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above Variable Variable | | siness (as defined in 11 U.S.C. § 101(27A)) | ☐ Health Care Busin | | | | |
| Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above None of the above | | al Estate (as defined in 11 U.S.C. § 101(51B)) | ☐ Single Asset Real | | | | |
| Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankr Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention No. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankr No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankr No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankr No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankr No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankr What is the hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs Where is the property? Where is the property? | | defined in 11 U.S.C. § 101(53A)) | ☐ Stockbroker (as d | | | | |
| Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). I am filing under Chapter 11, the court must know whether you are a small business debtor so that it can set a deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, so operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the in 11 U.S.C. 1116(1)(B). No. I am not filing under Chapter 11. No. I am filing under Chapter 11. No. I am filing under Chapter 11. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankr Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankr Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankr Code. Yes. What is the hazard? If you are filing under Chapter 11, the court must know whether you are a small business debtor, you must attach your most recent balance sheet, so operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the in 11 U.S.C. 1116(1)(B). No. I am not filing under Chapter 11. No. I am filing under Chapter 11. Who. I am filing under Chapter | | (er (as defined in 11 U.S.C. § 101(6)) | ☐ Commodity Broke | | | | |
| chapter 11 of the Bankruptcy Code and are you a small business debtor. You must attach your most recent balance sheet, so operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the operations, as held in U.S.C. § 101(51). I am not filing under Chapter 11. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Education in th | | ve | ☐ None of the above | | | | |
| A. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs No. Yes. What is the hazard? What is the hazard? If immediate attention is needed? Where is the property? | ne procedure | d federal income tax return or if any of these documents do not exist, follow the papter 11. | ash-flow statement, and f 116(1)(B). am not filing under Chap am filing under Chapter | operations in 11 U.S.0 | you a small business debtor? For a definition of small business debtor, see 11 | | |
| In Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs In No. Yes. What is the hazard? If immediate attention is needed? Where is the property? | ruptcy Code | r 11 and I am a small business debtor according to the definition in the Bankrupi | am filing under Chapter | ☐ Yes. | | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs What is the hazard? If immediate attention is needed? If immediate attention is needed? Where is the property? | | ny Property That Needs Immediate Attention | ardous Property or An | Have Any I | 4: Report if You Own or | | |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs What is the hazard? If immediate attention is needed? If immediate attention is needed? Where is the property? | | | | ■ No | Do you own or have any | | |
| Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs If immediate attention is needed? Where is the property? | | | at is the hazard? | ☐ Yes. | alleged to pose a threat of imminent and | | |
| perishable goods, or livestock that must be fed, Where is the property? or a building that needs | | | | | Or do you own any property that needs | | |
| | | | ere is the property? | ١ | perishable goods, or livestock that must be fed, or a building that needs | | |
| Number, Street, City, State & Zip Code | | Number, Street, City, State & Zip Code | | | 3 · · · · p · · · · | | |

Debtor 1 **Jennifer J Flinn**

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

| Deb | tor 1 Jennifer J Flinn | | | Case number (if | known) |
|---|---|---|---|---|---|
| Par | t 6: Answer These Questi | ons for Re | porting Purposes | | |
| 16. | What kind of debts do you have? | | Are your debts primarily consulindividual primarily for a personal, | | in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | ■ Yes. Go to line 17. | | |
| | | | | ss debts? Business debts are debts that nt or through the operation of the busines | |
| | | | ☐ No. Go to line 16c. | | |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16c. | State the type of debts you owe th | at are not consumer debts or business d | ebts |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. Go | o to line 18. | |
| | Do you estimate that after any exempt property is excluded and administrative expenses | | | u estimate that after any exempt property e to distribute to unsecured creditors? | is excluded and administrative expenses |
| | are paid that funds will be available for distribution to unsecured creditors? | | □ Yes | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-19 □ 200-99 | | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 |
| 19. | How much do you estimate your assets to be worth? | □ \$100,0 | 0,000 1 - \$100,000 01 - \$500,000 01 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion |
| 20. | How much do you estimate your liabilities to be? | □ \$100,0 | 0,000 01 - \$100,000 01 - \$500,000 01 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion |
| Par | 7: Sign Below | | | | |
| For | you | I have exa | amined this petition, and I declare | under penalty of perjury that the informati | on provided is true and correct. |
| | | | | n aware that I may proceed, if eligible, undayailable under each chapter, and I choos | |
| If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | attorney to help me fill out this |
| I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | ed in this petition. |
| I understand making a false statement, concealing property, or obtaining money or property by fraud in connection bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, and 3571. /s/ Jennifer J Flinn | | | | | |
| | | Jennifer | | Signature of Debtor 2 | |
| | | Executed | on June 12, 2019 MM / DD / YYYY | Executed on MM / D | D/YYYY |

| Debtor 1 | Jennifer J Flinn | Case number (if known) | |
|----------|------------------|------------------------|--|
| | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Trent A Binger | Date | June 12, 2019 |
|--|---------------|--------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Trent A Binger 0073995 | | |
| Printed name | | |
| Attorney Trent A Binger | | |
| Firm name | | |
| 1799 Akron-Peninsula Rd | | |
| Ste 222 | | |
| Akron, OH 44313 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 330.928.0210 | Email address | newfreshstart7@yahoo.com |
| 0073995 OH | | |
| Bar number & State | | |

| FIII | n this inform | ation to identify your | case: | | | | |
|---------------|---|--|--|---|---------------|----------------------------|----------------------------|
| Deb | | Jennifer J Flinn | <u> </u> | | | | |
| Dah | tor O | First Name | Middle Name | Last Name | | | |
| Debi (Spou | se if, filing) | First Name | Middle Name | Last Name | | | |
| Unite | ed States Ban | kruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | | |
| 1 | e number | | | | | | |
| (if kno | own) | | | | | | if this is an ed filing |
| Sur Be as | nmary of s complete ar mation. Fill o | nd accurate as possibut all of your schedul | ole. If two married people es first; then complete the | nd Certain Statistical Informate are filing together, both are equally response information on this form. If you are filing to the box at the top of this page. | sible for s | upplying | |
| Part | 1: Summa | rize Your Assets | | | | | |
| | | | | | | Your as Value of | sets what you own |
| 1. | Schedule A/ 1a. Copy line | B: Property (Official Foundation 55, Total real estate, for | orm 106A/B) rom Schedule A/B | | | \$ | 0.00 |
| | 1b. Copy line | 62, Total personal pro | perty, from Schedule A/B | | | \$ | 4,464.00 |
| | 1c. Copy line | 63, Total of all propert | y on Schedule A/B | | | \$ | 4,464.00 |
| Part | 2: Summa | rize Your Liabilities | | | | | |
| | | | | | | Your lia Amount | bilities you owe |
| 2. | | | laims Secured by Property mn A, Amount of claim, at | (Official Form 106D) the bottom of the last page of Part 1 of <i>Schedu</i> | le D | \$ | 3,564.00 |
| 3. | Schedule E/F 3a. Copy the | E: Creditors Who Have total claims from Part | Unsecured Claims (Officia 1 (priority unsecured claim | al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i> | | \$ | 0.00 |
| | 3b. Copy the | total claims from Part | 2 (nonpriority unsecured c | claims) from line 6j of Schedule E/F | | \$ | 57,504.00 |
| | | | | Your total lial | bilities \$_ | | 61,068.00 |
| Part | 3: Summa | rize Your Income and | Expenses | | | | |
| 4. | | our Income (Official Fo | | ə I | | \$ | 1,551.33 |
| 5. | | Your Expenses (Officia onthly expenses from li | | | | \$ | 1,819.00 |
| Part | 4: Answer | These Questions for | Administrative and Stat | istical Records | | | |
| 6. | - | | er Chapters 7, 11, or 13? on this part of the form. C | heck this box and submit this form to the court | with your o | ther sch | edules. |
| 7. | ■ Yes What kind of | f debt do you have? | | | | | |
| | Your de | ebts are primarily con old purpose." 11 U.S.C | sumer debts. Consumer of § 101(8). Fill out lines 8-9 | debts are those "incurred by an individual prima og for statistical purposes. 28 U.S.C. § 159. | rily for a pe | ersonal, | family, or |

the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Best Case Bankruptcy

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$_____1,437.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total c | laim |
|--|---------|-----------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 39,976.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 39,976.00 |

| Fill in this | information to identify ye | - | | | |
|------------------------------|---|--|------------------------|--|---------------------------------------|
| Debtor 1 | Jennifer J Flin | | Name | | |
| Debtor 2 | | AND A | | | |
| (Spouse, if filin | • | | Name | | |
| United Stat | es Bankruptcy Court for th | e: NORTHERN DISTRICT OF OHIO | | | |
| Case numb | per | | | | - 0 |
| | | | | | amended filing |
| Off: e: e1 | Γο was 100 Λ /D | | | | |
| | Form 106A/B | | | | |
| | dule A/B: Pro | <u> </u> | | | 12/15 |
| | | cribe items. List an asset only once. If an ass curate as possible. If two married people are | | | |
| information. Answer every | | ach a separate sheet to this form. On the top | of any additional page | es, write your name and case n | umber (if known). |
| Part 1: Des | scribe Each Residence. Buil | ding, Land, or Other Real Estate You Own or | Have an Interest In | | |
| | | | | | |
| 1. Do you ov | vii or nave any legal or equi | table interest in any residence, building, land | or similar property? | | |
| No. Go | | | | | |
| ☐ Yes. W | /here is the property? | | | | |
| Part 2: Des | scribe Your Vehicles | | | | |
| Do you owi | n, lease, or have legal or | equitable interest in any vehicles, whetl | ner they are register | red or not? Include anv vehi | cles vou own that |
| | | chicle, also report it on Schedule G: Execut | | | , |
| 3. Cars, va | ns, trucks, tractors, spor | t utility vehicles, motorcycles | | | |
| □ No | | | | | |
| ■ Yes | | | | | |
| | | | | | |
| 3.1 Make | · | Who has an interest in the pro | perty? Check one | Do not deduct secured clain the amount of any secured of | |
| Mode | | Debtor 1 only | | Creditors Who Have Claims | Secured by Property. |
| Year: Appr | : 2005 oximate mileage: | Debtor 2 only Debtor 1 and Debtor 2 only | | | Current value of the portion you own? |
| | r information: | ☐ At least one of the debtors an | d another | | • |
| | | ☐ Check if this is community | | \$2,014.00 | \$2,014.00 |
| | | (see instructions) | property | | |
| | | | | | |
| | | s, ATVs and other recreational vehicles, | | | |
| Examples | s: Boats, trailers, motors, p | ersonal watercraft, fishing vessels, snowm | oblies, motorcycle ac | cessories | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | | | | | |
| 5 Add the | dollar value of the porti | on you own for all of your entries from F | art 2, including any | entries for | |
| | | rt 2. Write that number here | | | \$2,014.00 |
| Part 3: Des | scribe Your Personal and H | ousahald Itams | | | |
| | | ousenoid items quitable interest in any of the following i | tems? | Cu | rrent value of the |
| | • | · | | | rtion you own? not deduct secured |
| | | | | | ims or exemptions. |
| | old goods and furnishing es: Major appliances, furni | gs ture, linens, china, kitchenware | | | |
| ☐ No | | | | | |
| Official Forn | n 106A/B | Schedule A/B: Prop | erty | | page 1 |

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| De | ebtor 1 | Jennifer J FI | inn Case number (if known) | |
|-----|------------------------|---|---|---------------------------------|
| | ■ Yes. | Describe | | |
| | | | basic household items | \$1,500.00 |
| 7. | ■ No | es: Televisions a | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music o phones, cameras, media players, games | collections; electronic devices |
| 8. | Collectile Example No | bles of value es: Antiques and | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin ons, memorabilia, collectibles | , or baseball card collections; |
| 9. | Example No | ent for sports ares: Sports, photo musical instru | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| 10. | ■ No | | s, shotguns, ammunition, and related equipment | |
| 11. | □ No Î | | othes, furs, leather coats, designer wear, shoes, accessories | |
| | | | clothing | \$250.00 |
| 12. | □ No | | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | gold, silver |
| 13. | Examp ■ No | rm animals oles: Dogs, cats, l | birds, horses | |
| 14. | ■ No | her personal and | d household items you did not already list, including any health aids you did not list | |
| 15 | | | of all of your entries from Part 3, including any entries for pages you have attached number here | \$1,950.00 |
| | | scribe Your Finan | | |
| Do | o you ow | n or have any le | egal or equitable interest in any of the following? | Current value of the |

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 2

| D | ebtor 1 | Jennifer J Fl | inn | | Case number (if known) | | | | |
|----|--|--|-------------|--|---|------------------------|--|--|--|
| 16 | . Cash Example | es: Money you h | ave in y | our wallet, in your ho | ome, in a safe deposit box, and on hand when you file your petition | | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes | | | | | | | | |
| 17 | Example | | | | ounts; certificates of deposit; shares in credit unions, brokerage hou with the same institution, list each. | ses, and other similar | | | |
| | □ No | | | | Institution name: | | | | |
| | Yes | | | | Institution name: | | | | |
| | | | | | | | | | |
| | | | 17.1. | checking | Fifth Third | \$200.00 | | | |
| _ | | | | | | | | | |
| | | | 17.2. | checking | Fifth Third | \$100.00 | | | |
| | | | 17.3. | credit union | Buckeye Credit Union | \$200.00 | | | |
| | | | | | | | | | |
| 18 | | | | cly traded stocks ent accounts with bro | okerage firms, money market accounts | | | | |
| | Yes | | | Institution or issuer r | name: | | | | |
| 19 | | Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture | | | | | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes. 0 | Sive specific info | rmation | about them | | | | | |
| | | | Na | me of entity: | % of ownership: | | | | |
| 20 | Negotia | ble instruments | include ¡ | personal checks, cas | ctiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. shiers to someone by signing or delivering them. | | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes. G | ive specific info | rmation | about them | | | | | |
| | | | Iss | uer name: | | | | | |
| 21 | | ent or pension es: Interests in I | | | .03(b), thrift savings accounts, or other pension or profit-sharing pla | ns | | | |
| | ■ No | | | | | | | | |
| | ☐ Yes. L | st each accoun | | tely. of account: | Institution name: | | | | |
| 22 | Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company | | | | | | | | |
| | ■ No | Ü | with land | aioras, prepaia rent, p | public utilities (electric, gas, water), telecommunications companies | , or others | | | |
| | | | | | Institution name or individual: | | | | |
| 23 | . Annuitie No | s (A contract fo | r a perio | dic payment of mone | ey to you, either for life or for a number of years) | | | | |
| | ☐ Yes | lss | uer nam | e and description. | | | | | |
| 24 | 26 U.S.C | in an education. §§ 530(b)(1), 5 | | | ualified ABLE program, or under a qualified state tuition progra | ìm. | | | |
| | ■ No □ Yes | Ins | stitution r | name and description | n. Separately file the records of any interests.11 U.S.C. § 521(c): | | | | |
| 25 | | equitable or fut | ure inte | rests in property (of | ther than anything listed in line 1), and rights or powers exerci | sable for your benefit | | | |
| | ■ No □ Yes. 0 | Give specific info | ormation | about them | | | | | |

page 3

Best Case Bankruptcy

Schedule A/B: Property

Official Form 106A/B

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| D | ebtor 1 | Jennifer J Flinn Case | number (if known) | |
|----|------------------------|--|--------------------------|---|
| 26 | | is, copyrights, trademarks, trade secrets, and other intellectual property ples: Internet domain names, websites, proceeds from royalties and licensing agreements | | |
| | ☐ Yes. | Give specific information about them | | |
| 27 | Exam _l ■ No | ses, franchises, and other general intangibles ples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, p | rofessional licenses | |
| | ☐ Yes. | Give specific information about them | | |
| M | oney or | property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | . Tax ref | funds owed to you | | |
| | ■ No | | | |
| | ☐ Yes. | Give specific information about them, including whether you already filed the returns and the | tax years | |
| 29 | | r support ples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce se | ttlement, property set | tlement |
| | | Give specific information | | |
| 30 | | amounts someone owes you ples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, benefits; unpaid loans you made to someone else | workers' compensat | ion, Social Security |
| | ■ No □ Yes. | Give specific information | | |
| 31 | | sts in insurance policies ples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, | or renter's insurance | |
| | _ | Name the insurance company of each policy and list its value. | | |
| | — 100. | Company name: Beneficiary: | | Surrender or refund value: |
| 32 | If you some | sterest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currer one has died. | ntly entitled to receive | property because |
| | ■ No □ Yes. | Give specific information | | |
| 33 | | s against third parties, whether or not you have filed a lawsuit or made a demand for paples: Accidents, employment disputes, insurance claims, or rights to sue | ayment | |
| | ☐ Yes. | Describe each claim | | |
| 34 | Other | contingent and unliquidated claims of every nature, including counterclaims of the dek | otor and rights to se | t off claims |
| | _ | Describe each claim | | |
| 35 | . Any fir | nancial assets you did not already list | | |
| | ☐ Yes. | Give specific information | | |
| 36 | | the dollar value of all of your entries from Part 4, including any entries for pages you ha art 4. Write that number here | ave attached | \$500.00 |
| Pa | art 5: De | escribe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part | 1. | |

Official Form 106A/B Schedule A/B: Property

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Best Case Bankruptcy

page 4

| Debte | or 1 Jennifer J Flinn | | Case number (if known) | |
|----------------|--|------------------------|----------------------------|---------------------------------------|
| 37. D o | you own or have any legal or equitable interest in any business-relate | ed property? | | |
| | No. Go to Part 6. | | | |
| | Yes. Go to line 38. | | | |
| Part 6 | Describe Any Farm- and Commercial Fishing-Related Property You | Own or Hove on Interes | ot In | |
| rait | If you own or have an interest in farmland, list it in Part 1. | Own or have an interes | ot III. | |
| 46. D | o you own or have any legal or equitable interest in any farm- | or commercial fishin | g-related property? | |
| ı | No. Go to Part 7. | | | |
| [| Yes. Go to line 47. | | | |
| Part 7 | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| Ε | o you have other property of any kind you did not already list? Examples: Season tickets, country club membership | , | | |
| | No | | | |
| | Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write tha | at number here | | \$0.00 |
| Part 8 | List the Totals of Each Part of this Form | | _ | |
| 55. | Part 1: Total real estate, line 2 | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | \$2,014.00 | | · · · · · · · · · · · · · · · · · · · |
| 57. | Part 3: Total personal and household items, line 15 | \$1,950.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$500.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$4,464.00 | Copy personal property tot | sal \$4,464.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$4,464.00 |

Official Form 106A/B Schedule A/B: Property page 5

| Fill in this inform | ation to identify your | case: | | |
|---|------------------------|-------------------|-----------|--------------------------------------|
| Debtor 1 | Jennifer J Flinn | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF OHIO | |
| Case number | | | | ☐ Check if this is an amended filing |
| | | | | amended illing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

| 1. | Which set of exemptions are you claiming? | Check one only | even if your spous | e is filina with vou |
|----|---|----------------|--------------------|----------------------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Check only one box for each exemption. | | Specific laws that allow exemption | |
|--|---|---|---|---|--|
| | Copy the value from Schedule A/B | | | | |
| basic household items Line from Schedule A/B: 6.1 | \$1,500.00 | | \$1,500.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) | |
| Line Holli Gareagle A.E. S | | | 100% of fair market value, up to any applicable statutory limit | 2020:00(1)(4)(0) | |
| clothing Line from Schedule A/B: 11.1 | \$250.00 | | \$250.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) | |
| Line Horr Schedule A.B. 1111 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(1)(1)(0) | |
| costume jewelry Line from Schedule A/B: 12.1 | \$200.00 | | \$200.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(b) | |
| Elle Holli Govedale /V.B. 1211 | | | 100% of fair market value, up to any applicable statutory limit | 2525.65(: 5)(-)(6) | |
| checking: Fifth Third Line from Schedule A/B: 17.1 | \$200.00 | | \$200.00 | Ohio Rev. Code Ann. § 2329.66(A)(3) | |
| Line Holli Garedale A.B. 1111 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(0) | |
| checking: Fifth Third Line from Schedule A/B: 17.2 | \$100.00 | | \$100.00 | Ohio Rev. Code Ann. § 2329.66(A)(3) | |
| End nom ourodate /v.b. · · · · · | | | 100% of fair market value, up to any applicable statutory limit | | |
| | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

Best Case Bankruptcy

| Deb | btor 1 Jennifer J Flinn | | Case number (if known) | | |
|-----|---|--|---|-------------------------------------|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | |
| | | Copy the value from Check only one box for each exemption. Schedule A/B | | | |
| | credit union: Buckeye Credit Union Line from Schedule A/B: 17.3 | \$200.00 | \$200.00 | Ohio Rev. Code Ann. § 2329.66(A)(3) | |
| | Line IIIIII Schedule AVB. 17.3 | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(0) | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every | | | t.) | |
| | No | | | | |
| | ☐ Yes. Did you acquire the property cover | ed by the exemption wi | thin 1,215 days before you filed this case? | | |
| | □ No | | | | |
| | ☐ Yes | | | | |

Official Form 106C

| riii iii uiis iiiioiiiai | tion to identify you | ır case: | | | |
|--|---|--|--|--------------------------|-------------------|
| Debtor 1 | Jennifer J Flinn | | | _ | |
| Debtor 2 | First Name | Middle Name Last Name | | | |
| | First Name | Middle Name Last Name | | - | |
| United States Bankr | uptcy Court for the | : NORTHERN DISTRICT OF OHIO | | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check | if this is an |
| | | | | ameno | ded filing |
| Official Form | 106D | | | | |
| | | Who Have Claims Secured | l by Propert | v | 12/15 |
| | | | <u> </u> | | |
| s needed, copy the A | | If two married people are filing together, both are equout, number the entries, and attach it to this form. On | | | |
| number (if known). I. Do any creditors ha | vo claims socured b | v vour proporty? | | | |
| | | his form to the court with your other schedules. Yo | u have nothing else t | to report on this form | |
| _ | of the information | • | d flave floating close | to report on this form. | |
| | | below. | | | |
| <u> </u> | Secured Claims | | Column A | Column B | Column C |
| | | more than one secured claim, list the creditor separately a particular claim, list the other creditors in Part 2. As | Amount of claim | Value of collateral | Unsecured |
| much as possible, list t | he claims in alphabet | cal order according to the creditor's name. | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 Kgk Enterpr | i | Describe the property that secures the claim: | \$3,564.00 | \$2,014.00 | \$1,550.00 |
| Creditor's Name | | 2005 Mazda Tribute | | | |
| | | | | | |
| 245 Bedford | | As of the date you file, the claim is: Check all that apply. | | | |
| Bedford, OF | | Contingent | | | |
| Number, Street, Cit | ty, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt | ? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ■ An agreement you made (such as mortgage or sect | ured | | |
| • | | car loan) | | | |
| Debtor 2 only | ☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | |
| _ ′ | or 2 only | - Ctatatory non (coor as tax non, meenance non) | | | |
| _ ′ | , | ☐ Judgment lien from a lawsuit | | | |
| Debtor 1 and Debto | debtors and another | • • • | | | |
| ☐ Debtor 1 and Debtor☐ At least one of the ☐ Check if this claim | debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Debtor 1 and Debtor☐ At least one of the ☐ Check if this claim | opened 2/19/15 | ☐ Judgment lien from a lawsuit | | | |
| ☐ Debtor 1 and Debto ☐ At least one of the ☐ Check if this clain community debt | Opened 2/19/15 Last Active | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | | | |
| ☐ Debtor 1 and Debtor☐ At least one of the ☐ Check if this claim | Opened 2/19/15 Last Active | ☐ Judgment lien from a lawsuit | | | |
| ☐ Debtor 1 and Debto ☐ At least one of the c ☐ Check if this clain community debt Date debt was incurred | Opened 2/19/15 Last Active ed 4/12/19 | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) Last 4 digits of account number 1309 | | | |
| ☐ Debtor 1 and Debto ☐ At least one of the c ☐ Check if this claim community debt Date debt was incurred. | Opened 2/19/15 Last Active 4/12/19 | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | | 64.00 64.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

| Fill in th | nis informat | tion to identify your ca | ase: | | | | | |
|--|--|--|--|--|---|---|--|---|
| Debtor 1 | | Jennifer J Flinn | | | | | | |
| Dobtor | | First Name | Middle Na | ame | Last Name | | | |
| Debtor 2 (Spouse if, | | First Name | Middle Na | ame | Last Name | | | |
| United S | States Bankr | ruptcy Court for the: | NORTHERN | I DISTRICT OF OF | HIO | | | |
| | | • | | | | | | |
| (if known) | ımber | | | _ | | | п | Check if this is an |
| | | | | | | | | amended filing |
| | al Form ' | 106E/F : Creditors WI | ho Have | Unsecured | Claims | | | 12/15 |
| any exect Schedule Schedule left. Attac | utory contract G: Executory D: Creditors the Continuations case number | ts or unexpired leases to y Contracts and Unexpir Who Have Claims Secu uation Page to this page | hat could resured Leases (Of red by Propert s. If you have n | lt in a claim. Also li ficial Form 106G). D ty. If more space is i o information to rep | ist executory of not include needed, copy | Part 2 for creditors with NON contracts on Schedule A/B: F any creditors with partially s the Part you need, fill it out, do not file that Part. On the t | Property (Off secured clain number the o | icial Form 106A/B) and on ns that are listed in entries in the boxes on the |
| | | have priority unsecured | | | | | | |
| _ | lo. Go to Part | - | o.ao aga | , | | | | |
| | | ۷. | | | | | | |
| Part 2: | | f Your NONPRIORITY | / Unsecured | Claims | | | | |
| | • | have nonpriority unsecu | | | | | | |
| _ | - | nothing to report in this pa | _ | - | vour other sch | odulos | | |
| | | lothing to report in this par | rt. Submit triis i | orm to trie court with | your officer scrie | edules. | | |
| Y | es. | | | | | | | |
| unse | cured claim, li one creditor h | ist the creditor separately | for each claim. | For each claim listed | , identify what t | o holds each claim. If a credit type of claim it is. Do not list cla three nonpriority unsecured c | aims already i | included in Part 1. If more |
| | | | | | | | | Total claim |
| 4.1 | AES/Educ | ational Loans | | Last 4 digits of acc | ount number | 0002 | | \$4,924.00 |
| | Attn: Banl | • • | | | | Opened 11/07 Last | Active | |
| | Po Box 61 | g, PA 17106 | | When was the debt | incurred? | 5/22/19 | | |
| _ | | et City State Zip Code | | As of the date you t | file, the claim i | is: Check all that apply | | |
| | Who incurred | d the debt? Check one. | | | | | | |
| | Debtor 1 c | only | | ☐ Contingent | | | | |
| | Debtor 2 o | only | | ☐ Unliquidated | | | | |
| | Debtor 1 a | and Debtor 2 only | | ☐ Disputed | | | | |
| | ☐ At least or | ne of the debtors and anot | her | Type of NONPRIOR | ITY unsecured | d claim: | | |
| | ☐ Check if t | his claim is for a comm | unity | Student loans | | | | |
| | debt Is the claim s | subject to offset? | | Obligations arisin report as priority claim | | aration agreement or divorce th | at you did no | t |
| | ■ No | | | ☐ Debts to pension | or profit-sharin | ng plans, and other similar deb | ts | |
| | Πvas | | | Other Specify | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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31249

Educational

| Jennifer J Flinn | | Case number (if known) | |
|---|--|---|-----------|
| AES/Educational Loans | Last 4 digits of account number | 0001 | \$3,293.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 61047 Harrisburg, PA 17106 | When was the debt incurred? | Opened 11/07 Last Active 5/22/19 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ At least one of the debtors and another ☐ Check if this claim is for a community | Student loans | | |
| ebt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify | | |
| | Educationa | al | |
| kron Children's Hospital | Last 4 digits of account number | | \$100.0 |
| lonpriority Creditor's Name PO Box 1757 Akron, OH 44309-1757 | When was the debt incurred? | 2019 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Vho incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | |
| ☐ Yes | Other Specify medical ca | re | |
| AMHA | Last 4 digits of account number | 4312 | \$800.0 |
| Nonpriority Creditor's Name | _ | | ****** |
| 100 W Cedar St | When was the debt incurred? | 2018 | |
| Akron, OH 44305 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | • | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| | | | |

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Best Case Bankruptcy

☐ At least one of the debtors and another

Is the claim subject to offset?

debt

■ No

☐ Yes

Official Form 106 E/F

 \square Check if this claim is for a community

Schedule E/F: Creditors Who Have Unsecured Claims

Type of NONPRIORITY unsecured claim:

■ Other. Specify refrigerator

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

| Debtor | 1 Jennifer J Flinn | Case number (if known) | | | | | |
|--------|--|---|--|----------|--|--|--|
| 4.5 | Capital One | Last 4 digits of account number | 2644 | \$523.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 11/14 Last Active 2/04/19 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | | |
| 4.6 | CCI/Contract Callers Inc | Last 4 digits of account number | 6312 | \$519.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept | When was the debt incurred? | Opened 12/18 | | | | |
| | 501 Greene St Ste 302 | | | | | | |
| | Augusta, GA 30901 Number Street City State Zip Code | As of the date you file, the claim | a. Chack all that apply | | | | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | 5. Спеск ан тат арру | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Corporation | | | | | |
| 4.7 | Central Credit Services, LLC | Last 4 digits of account number | 7842 | \$187.00 | | | |
| | Nonpriority Creditor's Name 9550 Regency Square Blvd Suite 500 | When was the debt incurred? | Opened 06/18 | | | | |
| | Jacksonville, FL 32225 Number Street City State Zip Code | As of the date you file, the claim | | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | | | | |
| | ☐ At least one of the debtors and another | | | | | | |
| | ☐ Check if this claim is for a community | | | | | | |
| | debt Is the claim subject to offset? | | | | | | |
| | No | Debts to pension or profit-sharin | | | | | |
| | | | Attorney Laboratory Corporation | | | | |
| | Yes | Other. Specify Of Amer | | | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| 1 Jennifer J Flinn | | | |
|---|--|---|----------|
| Centralized Business Solutions, Inc | Last 4 digits of account number | 2522 | \$255.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy | When was the debt incurred? | Opened 07/17 | |
| Po Box 2818 | | | |
| North Canton, OH 44720 Number Street City State Zip Code | As of the date you file, the claim i | in Charle all that apply | |
| Who incurred the debt? Check one. | As of the date you file, the claim | s: Спеск ан тлат арріу | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | ☐ Obligations arising out of a sepa | | |
| Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| No | | | |
| ☐ Yes | Other. Specify Medical Sp | Attorney General Emergency ec | |
| Comenitybank/New York | Last 4 digits of account number | 2263 | \$212.00 |
| Nonpriority Creditor's Name | | | Ψ212.00 |
| Attn: Bankruptcy | WII 1 1 1 1 1 1 - | Opened 02/19 Last Active 5/06/19 | |
| Po Box 18215 Columbus, OH 43218 | When was the debt incurred? | 5/06/19 | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | o plans, and other similar debts | |
| □ Yes | ■ Other. Specify Charge Acc | | |
| | | | |
| Credit Collection Services Nonpriority Creditor's Name | Last 4 digits of account number | 3398 | \$116.00 |
| Attn: Bankruptcy | When was the debt incurred? | Opened 10/15 | |
| 725 Canton St | | | |
| Norwood, MA 02062 Number Street City State Zip Code | As of the date you file, the claim i | is: Chack all that apply | |
| Who incurred the debt? Check one. | As of the date you file, the Cidim i | o. Oneon all triat apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | Obligations arising out of a sepa | | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharin | | |
| Yes | Other. Specify Collection | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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Best Case Bankruptcy

| Jennifer J Flinn | | | |
|--|--|---|-----------|
| Dominion East Ohio Gas | Last 4 digits of account number | 9088 | \$2,152.0 |
| Nonpriority Creditor's Name PO Box 26785 Richmond, VA 23261 | When was the debt incurred? | 2019 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐Yes | Other. Specify utilities | | |
| Douglas Knight & Associates | Last 4 digits of account number | 8000 | \$5,285.0 |
| Nonpriority Creditor's Name | When was the debt incurred? | 2018 | |
| Bradenton, FL 34282 | when was the dept incurred: | 2016 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| - No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other Specify automobile | | |
| ERC/Enhanced Recovery Corp | Last 4 digits of account number | 6923 | \$847.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy | When was the debt incurred? | Opened 01/17 | 400 |
| 3014 Bayberry Road Jacksonville, FL 32256 | | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | • | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| □ Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Collection | Attorney At T Directy | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| 1 Jennifer J Flinn | - | Case number (if known) | |
|---|---|--|---------|
| Fidelity National Collections | Last 4 digits of account number | 9019 | \$149.0 |
| Nonpriority Creditor's Name 885 South Sawburg Avenue Suite 103 Alliance, OH 44601 | When was the debt incurred? | Opened 01/18 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | I alaim. | |
| At least one of the debtors and another | Student loans | i ciaim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Collection | Attorney Akron Radiology Inc | |
| Fifth Third Bank | Last 4 digits of account number | 2341 | \$42.0 |
| Nonpriority Creditor's Name PO Box 630900 | When was the debt incurred? | 2019 | |
| Cincinnati, OH 45263-0900 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| Debtor 1 only | Пол | | |
| Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify overdraft | | |
| First Energy Ohio Edison | Last 4 digits of account number | 4231 | Unknow |
| Nonpriority Creditor's Name PO Box 3637 | When was the debt incurred? | 2019 | |
| Akron, OH 44309 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify utilities | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| First National Collection Bureau | Last 4 digits of account number | 1234 | \$547.0 | |
|--|---|--|---------|--|
| Nonpriority Creditor's Name 610 Waltham Way Sparks, NV 89434 | When was the debt incurred? | 2016 | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | |
| Check if this claim is for a community | Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| ☐ Yes | Other. Specify collections | for Jefferson Capital | | |
| Genesis Bc/Celtic Bank | Last 4 digits of account number | 1883 | \$368.0 | |
| Nonpriority Creditor's Name | _ | Opened 09/49 Lept Active | | |
| Attn: Bankruptcy Po Box 4477 | When was the debt incurred? | Opened 08/18 Last Active 5/05/19 | | |
| Beaverton, OR 97076 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | |
| Who incurred the debt? Check one. | no or ano dato you mo, ano ordini i | or onook an that apply | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | | |
| Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | |
| Yes | Other. Specify Credit Card | | | |
| Genesis FS Card Services | Last 4 digits of account number | 8796 | \$264.0 | |
| Nonpriority Creditor's Name PO Box 4477 | When was the debt incurred? | 2018 | | |
| Beaverton, OR 97076-4477 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | | |
| Who incurred the debt? Check one. | • • | | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | |
| Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | | |
| ■ Yes | | laneous purchases | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| ebto | or 1 Jennifer J Flinn | | Case number (if known) | | |
|------|---|--|---|---------------------|--|
| 2 | Hohmann, Boukis & Curties LPA | Last 4 digits of account number | 9740 | \$790.00 | |
| | Nonpriority Creditor's Name 614 W Superior Ave Ste 601 Cleveland, OH 44113-6010 | When was the debt incurred? | 2019 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | 1 and Debtor 2 only | |
| | ☐ At least one of the debtors and another | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharir | g plans, and other similar debts | | |
| | ☐ Yes | Other. Specify collections Svcs | for Ohio Dept of Job and Family | | |
| 2 | I C System Inc | Last 4 digits of account number | 9669 | \$95.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 64378 | When was the debt incurred? | Opened 08/16 | | |
| | St Paul, MN 55164 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Collection | Attorney Att U-Verse | | |
| | IC System | Last 4 digits of account number | 3124 | \$207.00 | |
| _ | Nonpriority Creditor's Name | | | <u> </u> | |
| | 444 Highway 96 East PO Box 64378 Saint Paul, MN 55164-0378 | When was the debt incurred? | 2019 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | aration agreement or divorce that you did not | | | |

■ No

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

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 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify collections for Spectrum

| Jennifer J Flinn | | · · · · · · · · · · · · · · · · · · · | |
|--|--|---|-----------|
| Jefferson Capital Systems | Last 4 digits of account number | 1412 | \$327.0 |
| Nonpriority Creditor's Name 16 McLeland Rd Saint Cloud, MN 56303 | When was the debt incurred? | 2019 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| \square Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify collections | for Emblem Mastercard | |
| Keith D Weiner & Associates Nonpriority Creditor's Name | Last 4 digits of account number | 1601 | \$1,211.0 |
| 75 Public Square, 4th Fl Cleveland, OH 44113 | When was the debt incurred? | 2019 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| ls the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify collections | for Stark State College | |
| Lab Care Plus | Last 4 digits of account number | 4312 | \$473.0 |
| Nonpriority Creditor's Name PO Box 771933 Detroit, MI 48277 | When was the debt incurred? | 2016 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| □ Yes | ■ Other. Specify medical cal | | |

Schedule E/F: Creditors Who Have Unsecured Claims

Page 9 of 15

| National Credit Adjusters, LLC | Look 4 digito of account number | 5508 | \$439.0 |
|--|---|---|------------|
| Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ-03.0 |
| 327 West 4th Avenue Po Box 3023 | When was the debt incurred? | Opened 09/18 | |
| Hutchinson, KS 67504 Number Street City State Zip Code | As of the date you file, the claim i | is: Chock all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | s. Offect all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | • • | |
| Yes | ■ Other. Specify Factoring C | Company Account Total Visa | |
| National Service Bureau, Inc | Last 4 digits of account number | 5990 | \$118.00 |
| Attn: Bankruptcy 18912 North Creek Pkwy, Suite 205 | When was the debt incurred? | Opened 9/27/17 | |
| Sothwell, WA 98011 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □Yes | Other. Specify Hospital Me | edicine Phys Of Oh | |
| Nelnet | Last 4 digits of account number | 0789 | \$3,421.00 |
| Nonpriority Creditor's Name Attn: Claims Po Box 82505 | When was the debt incurred? | Opened 10/03 Last Active 5/31/19 | |
| Lincoln, NE 68501 Number Street City State Zip Code | As of the date you file, the claim i | | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | ☐ Other. Specify | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Nelnet | Last 4 digits of account number | 0889 | \$3,072.0 |
|---|---|--|-----------|
| Nonpriority Creditor's Name Attn: Claims Po Box 82505 | When was the debt incurred? | Opened 10/03 Last Active 5/31/19 | |
| Lincoln, NE 68501 Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | , | on one and apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts | | |
| ☐ Yes | Other. Specify | | |
| | Educationa | <u> </u> | |
| Ohio Bureau of Motor Vehicles | Last 4 digits of account number | 0046 | \$150.00 |
| Nonpriority Creditor's Name Attn: Re Fees | When was the debt incurred? | 2019 | |
| PO Box 16520 | When was the dest mounted. | 2013 | |
| Columbus, OH 43216-6520 | _ | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | l claim: | |
| At least one of the debtors and another | Student loans | i Claiii. | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| □ Yes | Other Specify reinstatement | | |
| Progressive Leasing | Last 4 digits of account number | 4213 | \$923.00 |
| Nonpriority Creditor's Name PO Box 413110 | When was the debt incurred? | 2019 | |
| Salt Lake City, UT 84141-3110 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debto | or 1 Jennifer J Flinn | | Case number (if known) | |
|----------|--|--|--|------------|
| 4.3 | Total Visa | Last 4 digits of account number | 4413 | \$429.00 |
| | Nonpriority Creditor's Name PO Box 5220 | When was the debt incurred? | 2019 | |
| | Sioux Falls, SD 57117-5220 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify miscellane | ous purchases | |
| 4.3 | U.S. Department of Education | Last 4 digits of account number | 1854 | \$7,706.00 |
| | Nonpriority Creditor's Name Ecmc/Bankruptcy Po Box 16408 | When was the debt incurred? | Opened 03/10 Last Active 4/19/19 | |
| | Saint Paul, MN 55116 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | <u> </u> | |
| | | Educationa | ll | |
| 4.3 4 | U.S. Department of Education Nonpriority Creditor's Name | Last 4 digits of account number | 1851 | \$3,907.00 |
| | Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116 | When was the debt incurred? | Opened 11/12 Last Active 4/19/19 | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other Specify | | |
| | | Educationa | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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Best Case Bankruptcy

| J.S. Department of Education | Last 4 digits of account number | 1863 | \$3,604.0 |
|---|--|--|-----------|
| Nonpriority Creditor's Name Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116 | Opened 03/10 Last Active When was the debt incurred? 4/19/19 | | |
| Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | - | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| At least one of the debtors and another | Student loans | a Glaiiii. | |
| ☐ Check if this claim is for a community | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| s the claim subject to offset? | report as priority claims | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify | | |
| | Educationa | ll | |
| J.S. Department of Education Nonpriority Creditor's Name | Last 4 digits of account number | 1888 | \$3,497.0 |
| Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116 | When was the debt incurred? | Opened 09/11 Last Active 4/19/19 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐Yes | Other. Specify | | |
| | Educationa | ıl | |
| J.S. Department of Education | Last 4 digits of account number | 1880 | \$3,069.0 |
| oonpriority Creditors Name Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116 | When was the debt incurred? | Opened 09/11 Last Active 4/19/19 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| The meaning are dept. Check one. | По и | | |
| Debtor 1 only | ☐ Contingent | | |
| _ | ☐ Unliquidated | | |
| Debtor 1 only | ☐ Unliquidated☐ Disputed | | |
| □ Debtor 1 only □ Debtor 2 only | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ■ Student loans | | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ■ Student loans ☐ Obligations arising out of a sepa | d claim: ration agreement or divorce that you did not | |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured ■ Student loans | ration agreement or divorce that you did not | |

Schedule E/F: Creditors Who Have Unsecured Claims

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Official Form 106 E/F

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Schedule E/F: Creditors Who Have Unsecured Claims

Debtor 1 **Jennifer J Flinn**

Case number (if known)

- you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total Nonpriority. Add lines 6f through 6i.

| 0.00 | |
|-----------|-----------|
| 0.00 | \$ 6h. |
| 17,528.00 | \$ 6i. |

6j. \$ **57,504.00**

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-----------|---------------------|
| Debtor 1 | Jennifer J Flinn | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | |
| Case number | | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | = |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | - |
| | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

Best Case Bankruptcy

| Debtor 1 | is information to identify your | | | | |
|---------------------------|--|--|---|---|---|
| Deptor 1 | Jennifer J Flinn First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, t | | Middle Name | Last Name | | |
| United S | States Bankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | |
| Case nur (if known) | mber | | | | ☐ Check if this is an amended filing |
| | al Form 106H dule H: Your Cod | lebtors | | | 12/15 |
| people ar | | ually responsible for supple boxes on the left. Attacl | plying correct informa h the Additional Page | tion. If more space is ne | e as possible. If two married eded, copy the Additional Page, of any Additional Pages, write |
| 1. Do | o you have any codebtors? (If | you are filing a joint case, | do not list either spouse | e as a codebtor. | |
| ■ N | lo | | | | |
| ☐ Ye | es | | | | |
| | lithin the last 8 years, have yo ona, California, Idaho, Louisiana | | | | states and territories include |
| | lo. Go to line 3. es. Did your spouse, former spo | ouse, or legal equivalent liv | e with you at the time? | | |
| in lir Forn | ne 2 again as a codebtor only | if that person is a guarar | ntor or cosigner. Make | sure you have listed the | with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | ZIP Code | | Column 2: The cred Check all schedules | litor to whom you owe the debt that apply: |
| 3.1 | | | | Schedule D, line | |
| | Name | | | ☐ Schedule E/F, lin☐ Schedule G, line | |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| 3.2 | | State | ZIP Code | ☐ Schedule D. line | |
| 3.2 | | State | ZIP Code | □ Schedule D, line □ Schedule E/F, lin □ Schedule G, line | e |

Schedule H: Your Codebtors

| Fill | in this information to | o identify your ca | ise: | | | | | | | | | |
|------------------------|--|--------------------------------|---|---|----------------------|-----------------|------------------------------|---|-------------------------|------------------------------|-----------------|--|
| Deb | tor 1 Jennifer J Flinn | | | | | | | | | | | |
| | otor 2 use, if filing) | | | | | _ | | | | | | |
| Uni | ted States Bankrup | tcy Court for the: | NORTHERN DISTRIC | T OF OHIO | | | | | | | | |
| Case number (If known) | | | | | | | | Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: | | | | |
| Of | fficial Form | 106I | | | | | | DD/ YY | | mowing date. | | |
| | chedule I: | | ome | | | | IVIIVI 7 | ווי (סט | | | 12/15 | |
| sup | plying correct info use. If you are sep ch a separate shee | rmation. If you arated and you | ible. If two married peo are married and not filin r spouse is not filing wi On the top of any additio | ng jointly, and your s th you, do not includ | pouse is e inforn | s livi natio | ing with you on about you | u, includ ur spou | de inforn ise. If mo | nation about ore space is | your needed, | |
| 1. | Fill in your emploinformation. | oyment | | Debtor 1 | | | De | ebtor 2 d | or non-fi | ling spouse | | |
| | If you have more | e page with | Employment status | ■ Employed | Employed | | | ☐ Employed | | | | |
| | attach a separate information about | | | ☐ Not employed | | | | Not em | ployed | | | |
| | employers. | | Occupation | Occupation <u>administrator</u> | | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | | Employer's name | Career Development and Placement | | | | | | | | |
| | Occupation may i or homemaker, if | | Employer's address | | | | | | | | | |
| | | | How long employed th | nere? 2 month | s | | | | | | | |
| Par | t 2: Give Det | tails About Mon | thly Income | | | | | | | | | |
| | mate monthly inco | | ate you file this form. If y | ou have nothing to re | oort for a | any I | ine, write \$0 | in the s | pace. Inc | clude your no | n-filing | |
| | u or your non-filing e space, attach a se | | re than one employer, co | mbine the information | for all e | mplo | oyers for that | t person | on the lir | nes below. If | you need | |
| | | | | | | | For Debtor | 1 | | otor 2 or ng spouse | | |
| 2. | | | y, and commissions (be alculate what the monthly | | 2. | \$ | 1,778 | 8.83 | \$ | N/A | | |
| 3. | Estimate and list monthly overtime pay. | | | 3. | +\$ | (| 0.00 | +\$ | N/A | | | |
| 4. | Calculate gross | Income. Add lin | e 2 + line 3. | | 4. | \$ | 1,778.8 | 33 | \$ | N/A | | |
| | | | | | | | | | | | | |

Schedule I: Your Income

13. Do you expect an increase or decrease within the year after you file this form?

Official Form 106I

Yes, Explain:

1,551.33

page 2

Combined monthly income

12.

| Fill ir | n this informat | tion to identify yo | our case: | | | | | | | |
|----------|-------------------------|---------------------|--|--|------------------------|------------|---------|----------------|------------------------|-------|
| Debte | or 1 | Jennifer J FI | inn | | | Cł | neck if | this is: | | |
| | | | | | | | An | amended filing | | |
| Debto | | | | | | | | | ving postpetition chap | oter |
| (Spot | use, if filing) | | | | | | 13 | expenses as or | the following date: | |
| Unite | d States Bankr | uptcy Court for the | : NORTH | IERN DISTRICT OF OHIO |) | | MN | // DD / YYYY | | |
| Case | number | | | | | | | | | |
| (If kn | own) | | | | | | | | | |
| Of | ficial Fo | rm 106J | | | | | | | | |
| Sc | hadula | J: Your | Evnor | 1606 | | | | | | 12/15 |
| | | | | ISCS If two married people a | ro filing together b | oth are o | aually | rosponsible fo | | |
| info | rmation. If m | | eded, atta | ch another sheet to this | | | | | | |
| Part | 1: Descr | ibe Your House | hold | | | | | | | |
| | Is this a join | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
| | ■ No. Go to | line 2. | | | | | | | | |
| | ☐ Yes. Doe | s Debtor 2 live i | in a separ | ate household? | | | | | | |
| | □ No | 0 | | | | | | | | |
| | □ Ye | es. Debtor 2 mus | st file Offici | al Form 106J-2, Expenses | s for Separate House | ehold of D | ebtor : | 2. | | |
| 2. | Do vou have | e dependents? | □ No | | | | | | | |
| | Do not list De | • | | Fill out this information for | Dependent's relati | ionchin to | | Dependent's | Does dependent | |
| | Debtor 2. | ebior i and | Yes. | each dependent | Debtor 1 or Debto | | | age | live with you? | |
| | D 1 - 1 - 1 - | d | | | | | | | □ No | |
| | Do not state dependents | | | | Son | | | 8 years | ■ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | □ Yes | |
| | | | | | | | | | □ No | |
| | | | | | | | | | ☐ Yes | |
| | | | | | | | | | □ No | |
| 2 | De veur eve | enses include | | | | | | | ☐ Yes | |
| 3. | expenses of | f people other t | han $_{\square}$ | No Yes | | | | | | |
| | yourself and | d your depende | nts? | 163 | | | | | | |
| Part | | ate Your Ongoi | | | | | | | | |
| | | | | uptcy filing date unless y y is filed. If this is a sup | | | | | | |
| • | icable date. | | | , | | , | | | | |
| Inclu | ıde expense | s paid for with I | non-cash | government assistance | if vou know | | | | | |
| the v | alue of such | n assistance an | | cluded it on Schedule I: | | | | Your expe | nnaa | |
| (Offi | cial Form 10 | 6I.) | | | | | _ | Your expe | enses | |
| 4. | The rental o | r home owners | hin evnen | ses for your residence. | Include first mortgage | 0 | | | | |
| т. | | d any rent for the | | | moldde mst mortgagi | 4. | \$_ | | 0.00 | |
| | If not includ | ed in line 4: | | | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. | \$ | | 0.00 | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | : - | | 0.00 | |
| | 4c. Home | maintenance, re | pair, and ι | ıpkeep expenses | | 4c. | _ | | 0.00 | |
| _ | | owner's associat | | dominium dues | | 4d. | \$_ | | 0.00 | |
| ^ | | | | | | | | | | |

| ebtor 1 | Jennifer | J Flinn | Case num | ber (if known) | |
|---------|--|---|--------------|----------------|---------------------------------------|
| . Util | ities: | | | | |
| 6a. | | , heat, natural gas | 6a. | \$ | 0.00 |
| 6b. | | wer, garbage collection | 6b. | | 0.00 |
| 6c. | | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 135.00 |
| 6d. | Other. Sp | | 6d. | · : ———— | 0.00 |
| | • | sekeeping supplies | 7. | \$ | 500.00 |
| | | . • | | * | · · · · · · · · · · · · · · · · · · · |
| | | children's education costs | 8. | \$ | 0.00 |
| | • | dry, and dry cleaning | 9. | \$ | 100.00 |
| | | products and services | 10. | \$ | 75.00 |
| . Med | dical and de | ental expenses | 11. | \$ | 100.00 |
| | • | . Include gas, maintenance, bus or train fare. car payments. | 12. | \$ | 175.00 |
| | | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 |
| | | tributions and religious donations | 14. | · | 0.00 |
| | urance. | inbutions and rengious donations | 17. | Ψ | 0.00 |
| | | nsurance deducted from your pay or included in lines 4 or 20. | | | |
| | . Life insura | | 15a. | \$ | 0.00 |
| | . Health ins | | 15a. 15b. | · : | 0.00 |
| | | | | | |
| | . Vehicle in | | 15c. | · | 100.00 |
| | | urance. Specify: | 15d. | \$ | 0.00 |
| | es. Do not in ecify: | nclude taxes deducted from your pay or included in lines 4 or 20. | 16. | \$ | 0.00 |
| . Inst | tallment or I | ease payments: | | · | |
| | | ents for Vehicle 1 | 17a. | \$ | 509.00 |
| | | ents for Vehicle 2 | 17b. | \$ | 0.00 |
| | . Other. Sp | | 17c. | · | 0.00 |
| | l. Other. Sp | · | 17d. | | 0.00 |
| | | s of alimony, maintenance, and support that you did not report as | | Ψ | 0.00 |
| | | your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | | s you make to support others who do not live with you. | | \$ | 0.00 |
| | ecify: | 3 you make to support others who do not live with you. | 19. | Ψ | 0.00 |
| | | perty expenses not included in lines 4 or 5 of this form or on Sche | | our Incomo | |
| | | s on other property | 20a. | | 0.00 |
| | 0 0 | , | | · | |
| | . Real esta | | 20b. | | 0.00 |
| | | homeowner's, or renter's insurance | 20c. | · — | 0.00 |
| | | nce, repair, and upkeep expenses | 20d. | · | 0.00 |
| 20e | . Homeowr | ner's association or condominium dues | 20e. | \$ | 0.00 |
| . Oth | er: Specify: | hair cuts, pet food, extracurricular activities | 21. | +\$ | 75.00 |
| اد) | culate vour | monthly expenses | | | 7 |
| | - | through 21. | | \$ | 1 910 00 |
| | | S . | | | 1,819.00 |
| | . , | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c | . Add line 22 | a and 22b. The result is your monthly expenses. | | \$ | 1,819.00 |
| i. Cal | culate your | monthly net income. | | | |
| 23a | . Copy line | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,551.33 |
| 23b | . Copy you | r monthly expenses from line 22c above. | 23b. | -\$ | 1,819.00 |
| | | | | | |
| 23c | | your monthly expenses from your monthly income. t is your <i>monthly net income</i> . | 23c. | \$ | -267.67 |
| For | you expect example, do y lification to the | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage? | | | or decrease because of a |
| | | Evoloin horo: | | | |
| П, | Yes. | Explain here: | | | |

| Fill in this infor | mation to identify your | case: | | | |
|-----------------------------|---|---------------------------|-----------------------------|-----------------------|--|
| Debtor 1 | Jennifer J Flinn | ACT III AL | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | |
| Case number _ (if known) | | | | | ☐ Check if this is an amended filing |
| Official Forr | | n Individual | Debtor's Sch | nedules | 12/15 |
| two married pe | eople are filing together | . both are equally respon | nsible for supplying corre | ect information. | |
| • | | | | | |
| btaining money | | connection with a bank | | | nent, concealing property, or , or imprisonment for up to 20 |
| Sign | n Below | | | | |
| Did you pa | y or agree to pay some | one who is NOT an attor | ney to help you fill out ba | nkruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. N | Name of person | | | | uptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | lity of perjury, I declare e true and correct. | that I have read the sum | mary and schedules filed | with this declaration | and |
| - | nifer J Flinn | | X | | |
| Jennif | er J Flinn re of Debtor 1 | | Signature of D | ebtor 2 | |
| Date . | June 12. 2019 | | Date | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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| Fill in this | s information to identify you | r case: | | | |
|--|--|--|---|--|---|
| Debtor 1 | Jennifer J Flinn | | | | |
| Deptor 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fil | ling) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT (| OF OHIO | | |
| Case num | phor | | | | |
| (if known) | | | | _ | Check if this is an mended filing |
| O#: •: • | J. Come 407 | | | | J |
| | al Form 107 nent of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/19 |
| information number (if | nplete and accurate as possion. If more space is needed, f known). Answer every que | attach a separate sheet to stion. | this form. On the top of an | | |
| Part 1: | Give Details About Your Ma | | Lived Before | | |
| _ | is your current marital statu | 1 5 f | | | |
| _ | Married Not married | | | | |
| 2. Durin | ng the last 3 years, have you | lived anywhere other than | where you live now? | | |
| _ | No Yes. List all of the places you l | ived in the last 3 years. Do no | ot include where you live now | <i>ı</i> . | |
| Debt | tor 1 Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | Dates Debtor 2 lived there | |
| | in the last 8 years, did you ev I territories include Arizona, Ca | | | | |
| _ , | No | | | | |
| _ | Yes. Make sure you fill out <i>Scl</i> | hedule H: Your Codebtors (Of | fficial Form 106H). | | |
| Part 2 | Explain the Sources of You | ır Income | | | |
| Fill in | rou have any income from er the total amount of income you are filing a joint case and you | u received from all jobs and a | all businesses, including part | time activities. | ndar years? |
| | No | | | | |
| | Yes. Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips \$7,183.00 | | | | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

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| 5. | Include in and other | come regard public benef | lless of wheth fit payments; | er that inco | ome is taxable. E rental income; in | xamples of terest; divid | ends; money colle | ? alimony; child supp ected from lawsuits; only once under De | royalties; and | | |
|----|--|---|--|---|--|---|---|---|--|---|--------|
| | List each | source and t | he gross inco | me from e | ach source sepa | rately. Do r | ot include income | that you listed in lin | e 4. | | |
| | ■ No | | | | | | | | | | |
| | _ | Fill in the de | tails. | | | | | | | | |
| | | | | Debtor 1 | | | | Debtor 2 | | | |
| | | | | | of income below. | each | s income from source e deductions and sions) | Sources of inc Describe below | | Gross income (before deduction and exclusions) | ns |
| Pa | rt 3: Lis | t Certain Pa | yments You | Made Bef | ore You Filed fo | r Bankrup | tcy | | | | |
| | | individual properties of the individual prop | 90 days befo Go to line 7 List below e paid that cre not include to adjustment or Debtor 2 o 90 days befo Go to line 7 List below e include pay attorney for | personal, re you filed a characteristic on 4/01/2 re you filed a characteristic or determined by the characteristic of the characteristic or determined by the characteristic | family, or houseld for bankruptcy, or to whom you pnot include paym to an attorney for 2 and every 3 ye re primarily cond for bankruptcy, or to whom you pdomestic support uptcy case. | did you pay baid a total of eents for door this bankri ars after the sumer deb did you pay baid a total of cobligations | e." y any creditor a tot of \$6,825* or more mestic support obl uptcy case. at for cases filed or ts. y any creditor a tot of \$600 or more ar s, such as child sup | tal of \$6,825* or more paying ations, such as changed in or after the date of tall of \$600 or more? | re? ments and th ild support ar f adjustment. you paid that Also, do not in | e total amount you nd alimony. Also, d creditor. Do not nclude payments to | I O |
| | Creditor | 's Name and | d Address | | Dates of payr | nent | Total amount paid | Amount you still owe | Was this pa | ayment for | |
| 7. | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporati of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. | | | | | | | | | | |
| | Insider's | Name and | Address | | Dates of payr | nent | Total amount | Amount you | Reason for | this payment | |
| 3. | insider? Include pa | ayments on c | - | eed or cos | cy, did you mak | | paid nents or transfer | still owe | ccount of a d | lebt that benefited | d an |
| | Insider's | Name and | Address | | Dates of payr | nent | Total amount | Amount you | | this payment | |
| | | | | | | | paid | still owe | include cred | ditor's name | |

Case number (if known)

Official Form 107

Debtor 1 **Jennifer J Flinn**

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Del | otor 1 Jennifer J Flinn | | Case number | (if known) | | | |
|-----|--|----------------------------|----------------------------------|-----------------------------------|--------------------------|--|--|
| | | | | | | | |
| Pai | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | | |
| 9. | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. | | | | | | |
| | □ No ■ Yes. Fill in the details. | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | Status of the | ne case | | |
| | State Of Ohio vs JENNIFER FLINN J20156666 | STATE TAX LIEN | SUMMIT COUNTY COMMON PLEAS | ☐ Pending ☐ On appeal ☐ Concluded | | | |
| | | | | - 247.00 | | | |
| 10. | Within 1 year before you filed for bankruptor. Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. | | erty repossessed, foreclosed | , garnished, attache | d, seized, or levied? | | |
| | Creditor Name and Address | Describe the Property | | Date | Value of the | | |
| | | Explain what happened | d | | property | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details. Creditor Name and Address | | - | Date action was | amounts from your Amount | | |
| | | | | taken | | | |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? | | | | | | |
| | ■ No | | | | | | |
| | ☐ Yes | | | | | | |
| Pai | t 5: List Certain Gifts and Contributions | | | | | | |
| 13. | Within 2 years before you filed for bankrup ■ No No No No No No No | tcy, did you give any gift | s with a total value of more the | nan \$600 per person | ? | | |
| | Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | Describe the gifts | | Dates you gave | Value | | |
| | per person | bescribe the gilts | | the gifts | Value | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | |
| 14. | Within 2 years before you filed for bankrup No | | s or contributions with a tota | I value of more than | \$600 to any charity? | | |
| | Yes. Fill in the details for each gift or con | | u oontributed | Dates vev | V/_1. | | |
| | Gifts or contributions to charities that totamore than \$600 Charitys Name | al Describe what you | u contributea | Dates you contributed | Value | | |
| | Address (Number, Street, City, State and ZIP Code) | | | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Deb | otor 1 Jennifer J Flinn | Case number (if known) | | | | | |
|-----|--|--|--|---------------------------|--|--|--|
| | | | | | | | |
| Par | t 6: List Certain Losses | | | | | | |
| | | Clad for hand work at the second | | | | | |
| 15. | or gambling? | tcy or since you filed for bankruptcy, did you | lose anything because of the | it, fire, other disaster, | | | |
| | ■ No | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | |
| | | Describe any insurance coverage for the loss | Date of your | Value of property | | | |
| | | Include the amount that insurance has paid. List properties on line 33 of Schedule A/B: Properties on line 33 of Schedule A/B: Properties of S | | lost | | | |
| Par | t 7: List Certain Payments or Transfers | | | | | | |
| 16. | consulted about seeking bankruptcy or p | tcy, did you or anyone else acting on your bel reparing a bankruptcy petition? eparers, or credit counseling agencies for service | | rty to anyone you | | | |
| | □ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid | Description and value of any property | | Amount of | | | |
| | Address Email or website address | transferred | or transfer was made | payment | | | |
| | Person Who Made the Payment, if Not Yo | ou | | | | | |
| | Attorney Trent A Binger 1799 Akron-Peninsula Rd | Attorney Fees | June 12, 2019 | \$600.00 | | | |
| | Ste 222 | | | | | | |
| | Akron, OH 44313 newfreshstart7@yahoo.com | | | | | | |
| | | | | | | | |
| 17. | | tcy, did you or anyone else acting on your belitors or to make payments to your creditors? you listed on line 16. | half pay or transfer any prope | rty to anyone who | | | |
| | ■ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid | Description and value of any property | Date payment | Amount of | | | |
| | Address | transferred | or transfer was made | payment | | | |
| 18. | transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alre- | made as security (such as the granting of a secur | | | | | |
| | No | | | | | | |
| | Yes. Fill in the details. Person Who Received Transfer | Description and value of | Pagariha any proparty ar | Data transfer was | | | |
| | Address | property transferred p | Describe any property or payments received or debts paid in exchange | Date transfer was made | | | |
| | Person's relationship to you | | | | | | |
| 19. | beneficiary? (These are often called asset- | uptcy, did you transfer any property to a self-sprotection devices.) | settled trust or similar device | of which you are a | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of trust | Description and value of the property | transferred | Date Transfer was | | | |
| | Hame of trust | uansiciicu | made | | | | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Jennifer J Flinn Case number (if known)

| Pa | t 8: List of Certain Financial Accounts, Ir | nstruments, Safe Deposi | t Boxes, and Sto | orage Units | | | | | |
|-----|--|--|-----------------------------|---|----------------|---|--|--|--|
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No | | | | | | | | |
| | ☐ Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accou instrument | nt or Date accoun closed, sold moved, or transferred | | Last balance before closing or transfer | | | |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed for | bankruptcy, an | y safe deposit box or o | ther deposito | ory for securities, | | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe the contents | | Do you still have it? | | | |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? | | | | | | | | |
| | No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or I to it? Address (Number, S State and ZIP Code) | | Describe the contents | | Do you still have it? | | | |
| Pa | t 9: Identify Property You Hold or Contro | I for Someone Fise | | | | | | | |
| 23. | | | ude any propert | y you borrowed from, a | re storing for | r, or hold in trust | | | |
| | ■ No | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe the property | | Value | | | |
| Pa | t 10: Give Details About Environmental In | formation | | | | | | | |
| Ιa | Give Details About Environmental in | Tormation | | | | | | | |
| For | the purpose of Part 10, the following definit | ions apply: | | | | | | | |
| | Environmental law means any federal, stat toxic substances, wastes, or material into regulations controlling the cleanup of thes | the air, land, soil, surface | e water, ground | | | | | | |
| | Site means any location, facility, or proper to own, operate, or utilize it, including disp | ty as defined under any o | | aw, whether you now ov | ٧n, operate, ه | or utilize it or used | | | |
| | Hazardous material means anything an enhazardous material, pollutant, contaminant | | as a hazardous | waste, hazardous subs | tance, toxic s | substance, | | | |
| Rep | ort all notices, releases, and proceedings the | nat you know about, rega | ardless of when | they occurred. | | | | | |
| 24. | Has any governmental unit notified you that | at you may be liable or p | otentially liable | under or in violation of | an environm | ental law? | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental un Address (Number, S ZIP Code) | | Environmental law, know it | if you | Date of notice | | | |
| | | | | | | | | | |

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Del | otor 1 | Jennifer J Flinn | | Cas | e number (if known) | | | | | |
|-------------------|----------------------------------|--|---|--------|--|----------------------|--|--|--|--|
| | | | | | | | | | | |
| 25. | _ | you notified any governmental unit of | any release of hazardous material? | | | | | | | |
| | _ | lo 'es. Fill in the details. | | | | | | | | |
| | | e of site less (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have | you been a party in any judicial or adı | ministrative proceeding under any envi | ronm | ental law? Include settlements a | nd orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Case | | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Natu | ure of the case | Status of the case | | | | |
| Par | t 11: | Give Details About Your Business or | · | | | | | | | |
| - | | | tcy, did you own a business or have an | v of t | he following connections to any | husiness? | | | | |
| | _ | _ | in a trade, profession, or other activity, | - | | business. | | | | |
| | _ | <u>_</u> | pany (LLC) or limited liability partnershi | | | | | | | |
| | | ☐ A partner in a partnership | | | , | | | | | |
| | _ | ☐ An officer, director, or managing executive of a corporation | | | | | | | | |
| | _ | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | |
| | . | No. None of the above applies. Go to Part 12. | | | | | | | | |
| | _ | ☐ Yes. Check all that apply above and fill in the details below for each business. | | | | | | | | |
| | | Business Name Describe the nature of the business Employer Identification number | | | | | | | | |
| | Addr (Numb | ess er, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security r Dates business existed | number or ITIN. | | | | |
| 28. | | n 2 years before you filed for bankrup utions, creditors, or other parties. | tcy, did you give a financial statement t | o any | yone about your business? Inclu | de all financial | | | | |
| | | lo | | | | | | | | |
| | | es. Fill in the details below. | Data leaved | | | | | | | |
| | Addr (Numb | | Date Issued | | | | | | | |
| Par | t 12: | Sign Below | | | | | | | | |
| are with | true an a ban | nd correct. I understand that making a | nancial Affairs and any attachments, an false statement, concealing property, o \$250,000, or imprisonment for up to 20 | or ob | taining money or property by fra | | | | | |
| Jei | nnifer | fer J Flinn J Flinn of Debtor 1 | Signature of Debtor 2 | | | | | | | |
| Dat | e Ju | ine 12, 2019 | Date | | | | | | | |
| Did ■ N □ Y | 10 | tach additional pages to Your Stateme | ent of Financial Affairs for Individuals F | Filing | for Bankruptcy (Official Form 10 | 77)? | | | | |
| | - | y or agree to pay someone who is no | t an attorney to help you fill out bankru | ptcy | forms? | | | | | |
| | | | uptcy Petition Preparer's Notice, Declaration | | | page 6 | | | | |
| | | right (c) 1996-2019 Best Case, LLC - www.bestcase.c | _ | , | | Best Case Bankruptcy | | | | |

| Fill in this inform | nation to identify your | case: | | |
|---------------------------------|---|-----------------------|---|--|
| Debtor 1 | Jennifer J Flinn First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| | | NORTHERN DIST | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DIST | TRICT OF ONIO | |
| Case number | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official For | rm 108 | | | |
| Statemen | nt of Intentio | n for Indiv | riduals Filing Under Chapt | er 7 12/15 |
| If you are an indiv | vidual filing under cha | ntor 7 vou must fil | Lout this form if: | |
| | vidual filing under cha claims secured by yo | - | out this form it: | |
| _ | ed personal property a | | ot expired. | |
| You must file this | s form with the court w | ithin 30 days after | you file your bankruptcy petition or by the date s | |
| on the f | • | le court extends the | e time for cause. You must also send copies to t | ne creditors and lessors you list |
| | ople are filing togethe | r in a joint case, bo | th are equally responsible for supplying correct | information. Both debtors must |
| | | | s needed, attach a separate sheet to this form. O | n the top of any additional pages, |
| write yo | our name and case nur | nber (if known). | | |
| Part 1: List Yo | our Creditors Who Have | e Secured Claims | | |
| information be | low. | | : Creditors Who Have Claims Secured by Proper | |
| Identify the cre | editor and the property t | hat is collateral | What do you intend to do with the property the secures a debt? | at Did you claim the property as exempt on Schedule C? |
| | | | | |
| Creditor's K g | gk Enterpri | | ☐ Surrender the property. | □No |
| name: | | | ☐ Retain the property and redeem it. | = |
| Description of | 2005 Mazda Tribut | e | Retain the property and enter into a Reaffirmation Agreement. | Yes |
| property | | | Retain the property and [explain]: | |
| securing debt: | | | | |
| | our Unexpired Persona | | | |
| in the information | n below. Do not list rea | al estate leases. Un | in Schedule G: Executory Contracts and Unexpi expired leases are leases that are still in effect; the the trustee does not assume it. 11 U.S.C. § 365(p | the lease period has not yet ended. |
| | | | | , , , , , , , , , , , , , , , , , , , |
| Describe your ui | nexpired personal pro | perty leases | | Will the lease be assumed? |
| Lessor's name: | | | | □ No |
| Description of lea Property: | sed | | | ☐ Yes |
| Lessor's name: | | | | □ No |
| Description of lea | sed | | | _ |
| Property: | | | | ☐ Yes |
| Lessor's name: | | | | □ No |
| Official Form 108 | | Statement of In | tention for Individuals Filing Under Chapter 7 | page 1 |

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| Debtor 1 Jennifer J Flinn | Case number (if known) |
|--|--|
| Description of leased Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Lessor's name: | □ No |
| Description of leased Property: | ☐ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have indicated my intention a property that is subject to an unexpired lease. | about any property of my estate that secures a debt and any personal |
| X /s/ Jennifer J Flinn | X |
| Jennifer J Flinn Signature of Debtor 1 | Signature of Debtor 2 |
| Date June 12, 2019 | Date |

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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| Filli | n this information to identify your case: | | Ch | andr and have anly | directed in this forms | l in Form |
|----------------|--|--|-------------------------------------|---|---|-----------------------------------|
| Deb | | | | iecк one box only as с 2A-1Supp: | directed in this form and | I III FOIM |
| Deb | tor 1 Jennifer J Flinn | | | | | |
| Debi (Spou | tor 2se, if filing) | | | ■ 1. There is no pres | sumption of abuse | |
| Unite | ed States Bankruptcy Court for the: Northern District o | f Ohio | | | to determine if a presur made under <i>Chapter 7</i> | |
| Case | e number | | | | ficial Form 122A-2). | iviearis rest |
| (if kno | | | | | t does not apply now be y service but it could ap | |
| | | | | ☐ Check if this is a | an amended filing | _ |
| Off | icial Form 122A - 1 | | | | | |
| Ch | apter 7 Statement of Your Cur | rent Mor | nthly Inc | ome | | 12/15 |
| attach case | complete and accurate as possible. If two married people a a a separate sheet to this form. Include the line number to wnumber (if known). If you believe that you are exempted fron ying military service, complete and file Statement of Exempter Calculate Your Current Monthly Income | hich the additior n a presumption | nal information a of abuse becau | applies. On the top of a use you do not have pri | ny additional pages, wri marily consumer debts o | te your name and or because of |
| 1. | What is your marital and filing status? Check one on | lv. | | | | |
| | ■ Not married, Fill out Column A. lines 2-11. | , | | | | |
| | ☐ Married and your spouse is filing with you. Fill ou | t both Columns | A and B. lines | 2-11. | | |
| | ☐ Married and your spouse is NOT filing with you. | | | | | |
| | ☐ Living in the same household and are not lega | • | • | lumns A and B, lines | 2-11. | |
| | ☐ Living separately or are legally separated. Fill of | • | | · | | u declare under |
| | penalty of perjury that you and your spouse are le living apart for reasons that do not include evadir | | | | | spouse are |
| 10 th | Il in the average monthly income that you received from all and (10A). For example, if you are filing on September 15, the 6-me 6 months, add the income for all 6 months and divide the total bouses own the same rental property, put the income from that p | onth period would by 6. Fill in the res | be March 1 throsult. Do not include | ugh August 31. If the amdee any income amount m | ount of your monthly incon nore than once. For examp | ne varied during ble, if both |
| | | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime, payroll deductions). | and commission | ons (before all | \$1,437.00 | \$ | |
| | Alimony and maintenance payments. Do not include Column B is filled in. | | · | \$ | \$ | |
| 4. | All amounts from any source which are regularly part of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3. | Include regular I, your depende | contributions nts, parents, | \$0.00 | \$ | |
| 5. | Net income from operating a business, profession, | | | | | |
| | | | otor 1 | | | |
| | Gross receipts (before all deductions) | \$ <u>0.00</u> -\$ <u>0.00</u> | | | | |
| | Ordinary and necessary operating expenses Net monthly income from a business, profession, or farr | | Copy here -> | \$ 0.00 | \$ | |
| 6. | Net income from rental and other real property | ПФ | | <u> </u> | | |
| 5. | The state of the s | Deb | otor 1 | | | |
| | Gross receipts (before all deductions) | \$ 0.00 | | | | |
| | Ordinary and necessary operating expenses | -\$ 0.00 | | | | |
| | Net monthly income from rental or other real property | \$ 0.00 | Copy here -> | | \$ | |
| 7. | Interest, dividends, and royalties | | | \$ 0.00 | \$ | |

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 1

X /s/ Jennifer J Flinn

Jennifer J Flinn

Signature of Debtor 1

Date **June 12, 2019**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 2

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Northern District of Ohio

| In re | Jennifer J Flinn | | Case No | o. | |
|-------------|--|--|--|----------------------------------|-----------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMI | PENSATION OF ATTO | ORNEY FOR I | DEBTOR(S) | |
| C | tursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 ompensation paid to me within one year before the e rendered on behalf of the debtor(s) in contemplating | filing of the petition in bankrupto | y, or agreed to be pa | aid to me, for services rendered | ed or to |
| | For legal services, I have agreed to accept | | \$ | 600.00 | |
| | Prior to the filing of this statement I have receive | ved | \$ | 600.00 | |
| | Balance Due | | | 0.00 | |
| 2. \$ | 0.00 of the filing fee has been paid. | | | | |
| 3. T | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. T | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. I | I have not agreed to share the above-disclosed co | ompensation with any other perso | on unless they are me | embers and associates of my | law firm. |
| | ☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the | | | | rm. A |
| 6. I | n return for the above-disclosed fee, I have agreed | to render legal service for all aspe | ects of the bankruptc | y case, including: | |
| b c. | Analysis of the debtor's financial situation, and representation and filing of any petition, schedules, Representation of the debtor at the meeting of creation of the debtor at the meeting of creations. Other provisions as needed | statement of affairs and plan whi editors and confirmation hearing, to reduce to market value; e | ch may be required; and any adjourned h xemption plannir | nearings thereof; | ı of |
| | reaffirmation agreements and applic 522(f)(2)(A) for avoidance of liens on | | on and filing of m | otions pursuant to 11 US | ,C |
| 7. B | By agreement with the debtor(s), the above-disclose Representation of the debtors in any stay actions or any other adversary | dischargeability actions, ju | | nces, redemptions, relief | from |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement ounkruptcy proceeding. | f any agreement or arrangement | for payment to me for | r representation of the debtor | r(s) in |
| Ju | ıne 12, 2019 | /s/ Trent A Bing | | | |
| Da | nte | Trent A Binger | | | |
| | | Signature of Attor Attorney Trent | | | |
| | | 1799 Akron-Pei | | | |
| | | Ste 222 Akron, OH 443 ² | 13 | | |
| | | | ax: 330.319.7845 | | |
| | | newfreshstart7 | @yahoo.com | | |
| | | Name of law firm | | | |

United States Bankruptcy Court Northern District of Ohio

| In re | Jennifer J Flinn | | Case No. | |
|---------|---------------------------------|--|--|--|
| | | Debtor(s) | Chapter 7 | |
| | VEI | RIFICATION OF CREDITOR M | IATRIX | |
| The abo | ove-named Debtor hereby verifie | es that the attached list of creditors is true and con | rect to the best of his/her knowledge. | |
| Date: | June 12, 2019 | /s/ Jennifer J Flinn | | |
| | | Jennifer J Flinn | | |
| | | Signature of Debtor | | |

AES/Educational Loans Attn: Bankruptcy Po Box 61047 Harrisburg, PA 17106

Akron Children's Hospital PO Box 1757 Akron, OH 44309-1757

AMHA 100 W Cedar St Akron, OH 44305

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

CCI/Contract Callers Inc Attn: Bankruptcy Dept 501 Greene St Ste 302 Augusta, GA 30901

Central Credit Services, LLC 9550 Regency Square Blvd Suite 500 Jacksonville, FL 32225

Centralized Business Solutions, Inc Attn: Bankruptcy Po Box 2818 North Canton, OH 44720

Comenitybank/New York Attn: Bankruptcy Po Box 18215 Columbus, OH 43218

Credit Collection Services Attn: Bankruptcy 725 Canton St Norwood, MA 02062

Dominion East Ohio Gas PO Box 26785 Richmond, VA 23261 Douglas Knight & Associates PO Box 10517 Bradenton, FL 34282

ERC/Enhanced Recovery Corp Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256

Fidelity National Collections 885 South Sawburg Avenue Suite 103 Alliance, OH 44601

Fifth Third Bank PO Box 630900 Cincinnati, OH 45263-0900

First Energy Ohio Edison PO Box 3637 Akron, OH 44309

First National Collection Bureau 610 Waltham Way Sparks, NV 89434

Genesis Bc/Celtic Bank Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076

Genesis FS Card Services PO Box 4477 Beaverton, OR 97076-4477

Hohmann, Boukis & Curties LPA 614 W Superior Ave Ste 601 Cleveland, OH 44113-6010

I C System Inc Attn: Bankruptcy Po Box 64378 St Paul, MN 55164 IC System
444 Highway 96 East
PO Box 64378
Saint Paul, MN 55164-0378

Jefferson Capital Systems 16 McLeland Rd Saint Cloud, MN 56303

Keith D Weiner & Associates 75 Public Square, 4th Fl Cleveland, OH 44113

Kgk Enterpri 245 Bedford Avenue Bedford, OH 44146

Lab Care Plus PO Box 771933 Detroit, MI 48277

National Credit Adjusters, LLC 327 West 4th Avenue Po Box 3023 Hutchinson, KS 67504

National Service Bureau, Inc Attn: Bankruptcy 18912 North Creek Pkwy, Suite 205` Bothwell, WA 98011

Nelnet Attn: Claims Po Box 82505 Lincoln, NE 68501

Ohio Bureau of Motor Vehicles Attn: Re Fees PO Box 16520 Columbus, OH 43216-6520

Progressive Leasing PO Box 413110 Salt Lake City, UT 84141-3110 Total Visa PO Box 5220 Sioux Falls, SD 57117-5220

U.S. Department of Education Ecmc/Bankruptcy Po Box 16408 Saint Paul, MN 55116